LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98390058401

SEWAGE SYSTEM REPAIR
EXTEND SEWAGE DISPOSAL SYSTEM

Issued 05/28/98
Expires 11/28/98
Revenue Code 3157

PAID

Establishment
BRAD SOUTHWICK
T7N R5E SEC 17
ELGREN LAKESIDE ESTS

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By Health Director
Lincoln-Lancaster County Health Department

007418

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

MAY 26 1998

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-7-98

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [ ] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N; Range 5E; Section 17;
Block_____; Lot_____; Addition Elsie Lakeside Estates
Street Address_____

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. Bedrooms 3 Describe_____
Other Use [ ]
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Excavate / Extend field by 125 lineal ft at 4 ft wide Infiltrator Trench. Add Tee of PVC Distribution box

5. Work to be done by: Owner [ ]; or Contractor [X], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Jack Keet by Brad Southwick
Signature of Applicant (owner or lessee)

RFD
Route No 68333 17201 So 72
Address
Hickman, Ne 68332

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 05/27/98 ~~
Filing Fee: $ 50.00 # 3014

2. Site Visits:
Date:_____ by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ]
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/1/98 by: L.C. Hood

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

ELSNER LAKE

System Location (Indicate correct number and street)

Address RT 1, Box 242 AB (no rural route) City Crete NE, Zip 68333

Owner Jack Keef Addresss ELSNER LAKE, RT 1, Box 242AB, CRETE, NE 68333

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 12-8 to 12-9 Weather: Precipitation .01 Snow Temperature 30

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	24	12/8	2:00	12/9	10:00	12/9	1:00	10	12/9	1:30	30	1	30
2	26		PM		AM		PM	10 1/8		PM		1 1/4	24
3	24							9 3/4				1 1/8	28
4	28							12 3/8				1 1/2	20
5	29							11 5/8				1 1/4	24
6	36							4				7/8	34
7	26							9 1/2				7/8	34
8	26							8 1/2				1	30
9	36							3 7/8				7/8	34

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462 / 430-7606

Address 17201 So. 72

Hickman, Ne. 68372

Sum of Percolation Rates: 258

Average of Rates: 29

Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

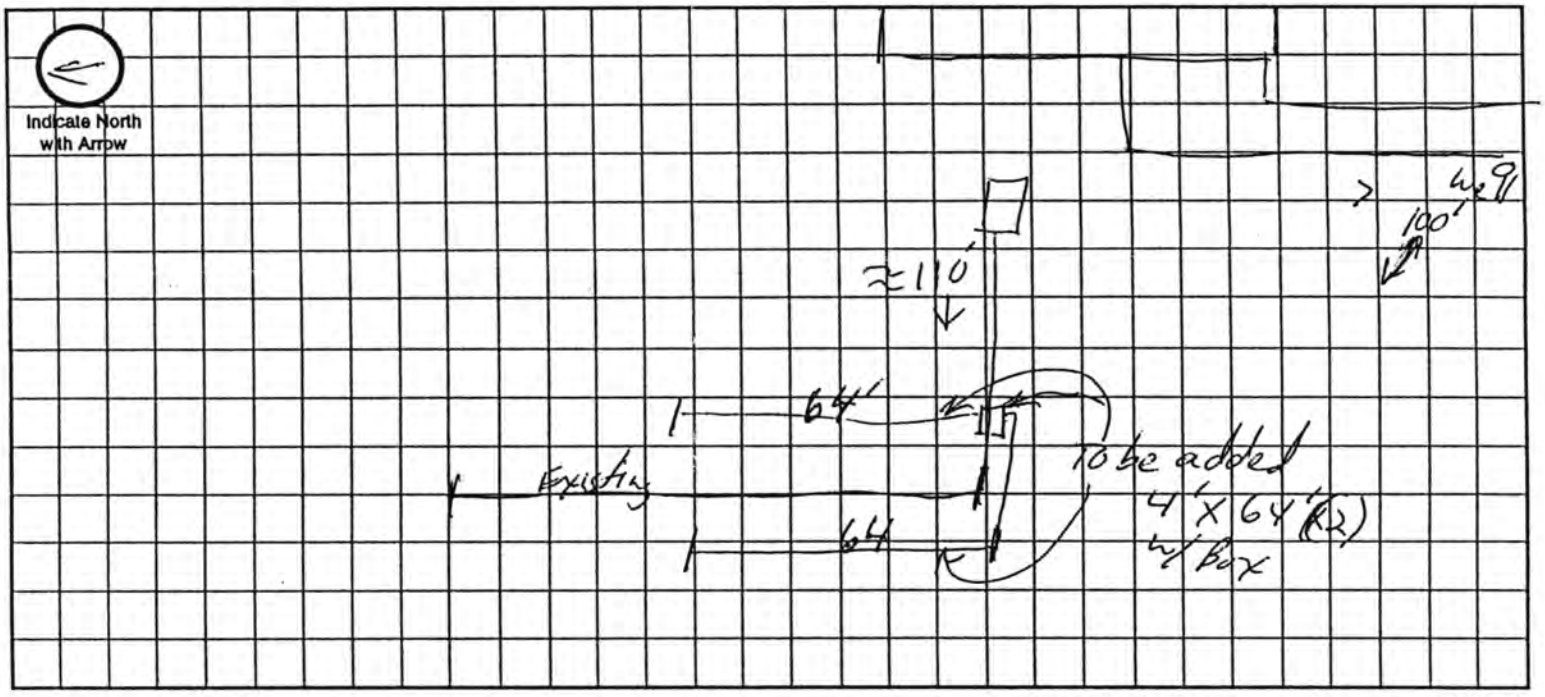
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other Y2 round

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 30 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 125 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 128 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Southwick Sewer Brad Southwick Date 12-9-97

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Jack Keef Property

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-6-98

System Location (Indicate correct number and street)

Address _____ City Crete NE, Zip 68333
(no rural route)

A. Building Sewer

1. Material: Clay Tile
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line > 20 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: ≈ 60-70 ft.

D. Absorption Field

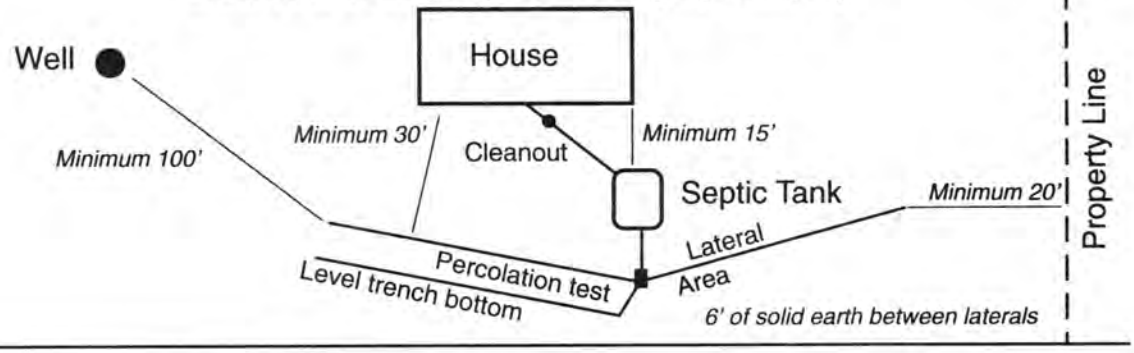
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16 & 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 60 ft.
   65 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 40 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



005

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 11-9-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 8E; SECTION 17; BLOCK ___

LOT 17; ADDITION SE 1/4; Street Address RR1, Box 242AB, Crete NE 68333

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	KEEF, John + Mary	RR1, Box 242AB, Crete NE	826-4040
~~Tenant/Buyer~~:	_____	_____ Business:	826-5167
Return to:	Security Federal Savings	POB 80609, Lincoln 68501-0609	474-4444

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Pamela S. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received 11-10-92 Received $150.00 Check ☒ #35142 (cashiers) Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 12, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 11/12/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____	by ___
Nitrate 0 @ 2 p.p.m.	☒	☐	Disapproved:	☐	Date _____	by ___

Comments: SEWAGE SYSTEM APPARENTLY PREDATES REGULATIONS SO APPROVAL IS PROVISIONAL, NO EVIDENCE OF MALFUNCTION. IF SEPTIC SYSTEM HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerold C. Hood R.E.H.S. DATE NOVEMBER 18, 1992

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (28) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 11/12/92 (9-16) 11:00A.M. BY L.C. Hood (17-28)

ADDRESS OR LOCATION LOT 17 I.T., SEC. 17, T8N, R5E (29-41)
JOHN KEEF

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 28154 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN '92 NOV 12 P1:40

OUT '92 NOV 13 P1:17

WATER CHEMISTRY

STATE LAB NO. 15 6104

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO.) 12 (DAY) 92 (YEAR) 11:00 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOHN REEF

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 0.2 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED NOV 13 92 P2:33

RECEIVED NOV 12 92 P1:40

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address Elsner Lake, RR1 Crete, NE 68333

Twp 8N Range 5E Section 17 1/4 SE 1/4 ___ Block ___ Lot 14 Addition Tract 1

Directions to Property HWY 33 TO ELSNER LAKE

Location of Well IN WELL HOUSE - WEST OF ACCESS DRIVE Tap Location: Inside ☒ (BOTH) Outside ☒

Location of Sewage System 20-30' NO OF ACCESS DRIVE TO BASEMENT Year Installed UNKNOWN (1968?)

	NAME	ADDRESS	PHONE
Present Owner:	John L & Mary E Keef		
Tenant/Buyer:	Bette M. Tiner	Box 297 Evergreen, CO 80437	
Return to:	Capital Title - Attn Sheryl	Box 6577 Lincoln NE 68506	402-434-3788

Signature of Applicant _____ Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 11/19/97
Initials [illegible]
Amount $150.00
Check No. 11801

DATA ENTRY
Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 11/20/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.3 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits
Date 11/25/97 by J.C.H.
Date 5/7/98 by J.C.H.
Date ___/___/___ by ___

Comments: SOME PART OF THE SEWAGE SYSTEM OPEN ENDS INTO THE DRAINAGE WAY WEST OF THE HOUSE. MUST BE CORRECTED WHETHER PROPERTY IS FOR SALE OR NOT. Corrected. See Attached Letter ☐.
Portions of the system predate regulations so approval is provisional

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Hood R.E.H.S. Date 6/1/98

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint 10-95